

**MULTIPLE IDENT CLAIM  
FEE CALCULATION SHEET  
(FOR USE WITH FORM PTO-875)**

SERIAL NO

FILING DATE

APPLICANT(S)

**CLAIMS**

	AS FILED		AFTER 1st AMENDMENT		AFTER 2nd AMENDMENT	
	IND.	DEP.	IND.	DEP.	IND.	DEP.
1	1		1			
2				1		
3				1		
4				1		
5		1		1		
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10		1		1		
11		1		1		
12		2		2		
13		2		2		
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15		2		2		
16		0		0		
17	1		1			
18	1		1			
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TOTAL IND.		3		3		
TOTAL DEP.		39		39		
TOTAL CLAIMS		42		42		

	IND.		DEP.		IND.		DEP.		IND.		DEP.	
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